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ABSTRACT

Drawing from a study on mental health delivery systems, this report focuses on issues related to credentialing the mental health continuing education activities of individual workers and the programs themselves. The first of seven sections reviews the current status of sanctioning and credentialing in mental health continuing education by various disciplines, mental health agencies, and training institutions. Section 2 defines certain terms; for instance, continuing education is defined as any systematic learning experience to improve, modify, or update knowledge, skills, or values in professional or occupational practice. The third section suggests steps for providing more sanction and support for continuing education. Section 4 discusses accreditation of continuing education programs and the certification of continuing education hours. In section 5 seven issues, including complexity of the system, continuing education versus competency, and funding, are raised. Several approaches to credentialing, adopted by societies, agencies, and states, are described in section 6. The final section identifies twelve basic issues and proposes strategies to meet each issue. For example, the first issue involves linking sanctioned activities into a comprehensive continuing education system for delivery of mental health/human services. (Documents on the following aspects of continuing education in mental health are also available: state level programs for preparing and using mental health manpower in state agencies [CE 019 192], financing [CE 019 196], and needs assessment, and evaluation [CE 019 197].) (CSS)

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ED164908

SANCTIONING AND CREDENTIALING

CONTINUING EDUCATION IN MENTAL HEALTH

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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FOREWORD

In late 1975 the Mental Health Program of the Southern Regional Education Board received a grant (No. 1-T15-MH14098) from the Continuing Education Branch of the National Institute of Mental Health to strengthen continuing education in mental health throughout the 14 states of the SREB region. The project conducted a survey of continuing education activities then underway in the mental health professional schools, societies and agencies, both state and community, to ascertain the needs and problems which are being encountered. Responses showed that areas of major concern were: needs assessment; evaluation; funding; gaining sanction; credentialing; relations of professional schools, societies and agencies; and continuing education for paraprofessionals and community caregivers.

The principal method of investigation in this project has been the utilization of task forces of knowledgeable persons to explore these issues in detail and prepare guidelines which might be of use to those presently responsible for mental health continuing education's programs or those who will assume positions where they will develop such programs.

We are grateful to the members of the task force who helped develop these guidelines on "Sanctioning and Credentialing of Mental Health Continuing Education" and to the National Institute of Mental Health for support of this entire project.

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CONTENTS

Introduction. 1

Task Force Findings on Needs. 5

Definitions 9

Gaining Sanction for Continuing Education 13

Credentialing of Continuing Education in Mental Health. 19

Issues and Problems 25

Strategies for Credentialing. 33

Recommendations 41

Task Force Members. 55

INTRODUCTION

The mental health delivery system has become increasingly complex as the number of agencies has increased, the legal requirements have multiplied, the technology has expanded, and the numbers and kinds of professional and paraprofessional workers have grown from the original four core disciplines (psychiatry, psychology, social work and nursing) to a few dozen. The total amount of money spent on mental health services -- especially in the broadened range of services including alcohol and drug abuse as well as in the more traditional areas of mental illness and mental retardation -- has vastly increased. The funding now comes from the federal government, third party payments, and local governments as well as from the traditional sources of state government and private fees.

With all of this expansion of programming, and especially of funding, there has risen a clamor for accountability to assure quality care at reasonable cost. Since manpower costs comprise 70 percent or more of the budgets of most mental health programs, it is natural that the focus on quality assurance would be turned to the matter of ensuring the quality of the manpower delivering the services. Continuing education provides one way for professionals and paraprofessionals to increase their competence and keep up-to-date on new developments which will assure quality performance of their duties.

In the mental health professions, the traditional credentials used to determine quality have been: a) academic degrees, b) licensure, c) certification, and d) registration. Varying uses of these credentials have been made. However, there is a common problem inherent in all of these credentialing procedures; they have traditionally operated on the assumption that the credential, once awarded, was good for a lifetime (provided the individual continued to pay renewal fees).

We know that such one-time credentialing is not sufficient to maintain competence in the face of changing technology, changing patterns for programming of services, changing social conditions, and changing legal expectations. Mental health professionals must constantly renew, extend and reorganize their knowledge and skills or, as some experts suggest, they will become obsolete practitioners in 6 to 8 years.

Not only is there the liklihood that the person will become obsolete as a practitioner, there is also the risk that the person will be poorly prepared for new functions into which many mental health workers are promoted. These include roles as supervisors, program administrators, consultants, teachers, and program evaluators. Basic professional education does not prepare mental health professionals for these kinds of responsibilities.

A major route to both keeping up to date as a practitioner and developing new competencies is through a variety of continuing education mechanisms. In some measures this can be done through regular reading of journals and attending scientific sessions of professional societies. However, these are seldom

adequate, particularly in preparing personnel to assume broader program leadership and administrative roles.

Continuing education needs to be much more intensively programmed with careful assessment of the worker's needs, a set of educational objectives, structured educational programs, and evaluation of the results.

The past few years have seen a vast increase in the amount of continuing education (courses, workshops, etc.) being provided by academic institutions. by professional societies, by mental health agencies and by private and voluntary groups. Much of what goes on is of excellent quality, but much is not. There is need for much greater attention to the whole matter of the quality of continuing education by all of these providers.

CREDENTIALING OF CONTINUING EDUCATION

Continuing education began as a voluntary activity of the professional societies through their scientific sessions and journals. Gradually professional schools and mental health agencies entered the continuing education arena, but the endeavor remained essentially voluntary for the individual practitioner. Now, however, continuing education is undergoing a rapid change from its purely voluntary status.

In an effort to assure continuing quality of practitioners, there are many current moves to make continuing education a requirement for renewal of worker credentials. Thus, we see continuing education being mandated as a condition for renewal of licenses, for re-certification and even for renewal of membership in professional societies. We also see mental health agencies

requiring continuing education as a condition for continued staff privileges, for pay raises, or for promotions for staff. In the face of these requirements, continuing education programs must be able to award participants some kind of certificates or credits which can be used as evidence for fulfilling the requirements of their professional society or of their agency.

To assure some basic level of quality for the offerings, a way of accrediting or otherwise credentialing the continuing education programs that award these certificates is needed. This report will discuss some of the issues related to the matters of credentialing both the continuing education activities of individual workers and the continuing education programs themselves.

SANCTION FOR CONTINUING EDUCATION

The whole continuing education endeavor needs greater sanction by the leadership of all of the major component parts of the mental health manpower system (i.e. professional societies, mental health agencies, professional schools, licensure boards, etc.). There should be greater recognition of what continuing education can do to up-date the competence of mental health professionals and paraprofessionals. There is also need for more specific organizational attention and support for continuing education in academia, the professional societies and in the mental health agencies. This report will explore some of the issues involved in gaining that increased sanction for continuing education.

TASK FORCE FINDINGS ON NEEDS

The task force studying these issues elected to analyze them with a view to arriving at recommendations covering the following:

clarification of terms;

strategies for securing tangible sanctions for continuing education in mental health/human services from academic institutions, professional societies, state and regional agencies;

appropriate credentialing of the accelerating variety of workers in the area of mental health/human services;

appropriate use of the Continuing Education Unit (CEU) in mental health/human services continuing education;

the need for continuing education to have a demonstrably positive effect on a client's quality of life;

the need for uniformity and coordination among the various academic institutions, professional societies and agencies charged with providing continuing education in mental health/human services.

In reviewing the current status of sanctioning and credentialing in mental health continuing education by the various disciplines, mental health agencies and training institutions, the picture seemed to be as follows.

There is a lack of uniformity and coordination at the national level, with each of the mental health disciplines (psychiatry, psychology, social work and nursing) at different stages in the development of standards and procedures for membership renewal, relicensing and re-certification. Social

workers, for instance, have yet to be licensed in many states, and the requirements for licensure and relicensure in those states which do have such laws are varied. All of the professions need a planned system of quality assurance based on re-examination, continuing education, or some combination, before individuals are relicensed or re-certified.

Many groups of paraprofessionals and community caregivers are now engaged in mental health service delivery, but little exists in the way of standards or certification procedures for these groups. An inquiry of community mental health centers regarding their sanctioning and credentialing activities revealed a potpurri of offerings and a variety of methods. In some states there was a systematic approach to requiring and recording continuing education in mental health agencies which led to salary increases and promotion, but most states and agencies are only beginning to explore such systems. The variety of plans and methods for sanctioning and credentialing of both the traditional mental health professions and the range of new professionals and paraprofessionals in the field calls for systemization and coordination in planning.

The relative neglect of the credentialing of paraprofessionals within the mental health system is a significant issue. Though paraprofessionals outnumber professionals by two or three to one, their needs within the continuing education system have received scant attention. Competency-based definitions for skills of paraprofessionals are being developed and must be addressed by continuing educators within the credentialing matrix if they are to be appropriately recognized.

The nursing and medical professions have been particularly active in developing systems for local, state and national credentialing for continuing education. These will be described later. Many of the other professions are still grappling with issues of basic licensure or certification along with issues of continuing education and how they relate to the basic processes. The U.S. Department of Health, Education, and Welfare has recently developed recommended proposals for the credentialing of the various health professions. This matter of credentialing is of great concern to the state legislatures as increasing numbers of subspecialty groups press their requests for licensing laws (e.g. marriage counselors, alcohol counselors, guidance counselors).

The profession of psychiatry has a certification board (the American Board of Psychiatry and Neurology, Inc.) which is currently debating what procedures it should use for re-certification. The American Psychiatric Association meanwhile has a voluntary self-assessment examination, and the entire Association is requiring evidence of 150 hours of Continuing Medical Education credit every three years according to the Physician's Recognition Award format for renewal of membership, beginning in 1979.

The private and voluntary sector are playing an increasingly active role in mental health continuing education and many companies and organizations provide training programs for a range of mental health personnel. Many of these organizations are seeking certain kinds of accreditation in order to provide recognized credits. Continuing education and credentialing activities of the private and voluntary sector should be coordinated with those of

agencies, universities, and professional association. Agreements and procedures among the different providers should be implemented in order to improve quality and avoid duplication.

DEFINITIONS

For the purposes of this report certain definitions should be set forth. Those of special concern are:

> Continuing Education -- any systematic learning experience to improve, modify or update one's knowledge, skills or values in areas of professional or occupational practice.

Some definitions include the notion of any kind of life-long learning in the concept of continuing education (i.e., learning to play golf, to appreciate art or to raise orchids). The definition for purposes of this publication is limited to professional or occupational practice.

Others would limit the meaning to formally accredited programs, or even to programs sponsored by colleges or universities. The definition used here is not so restrictive and includes programs sponsored by operating agencies, professional societies, or private and voluntary associations. This definition also includes regular self-study programs and individual use of programmed instructional materials, but not casual readings or attendance at professional society business meetings. The learning experience does not need to be accredited or systematically assessed to meet this definition, although it is desirable that any continuing education program be evaluated.

Mental Health -- the field of knowledge and applied techniques which is concerned with mental and emotional health and illness of the population and the social systems which help to enhance the psycho-social functioning of individuals with poor coping patterns.

This includes all of the areas of mental illness, mental retardation, emotional disturbance, alcohol and drug abuse, as well as prevention of these conditions and promotion of the mental health of the population at large. It is not restricted to what mental health agencies and their staffs do, but extends to any activities of other community agents or agencies which affect the mental health of the people. It encompasses at least three major areas of competence:

Clinical knowledge and skills about the causes and diagnoses of various emotional or mental disabilities and the skills to intervene on behalf of individuals or small groups

This is the area of professional competence that is traditionally offered in pre-professional training and in continuing education. It is a basic and essential aspect of mental health practice, but it is often not sufficient to provide for the efficient delivery of mental health services.

Knowledge and skills for the delivery of mental health services to clients and communities

These service delivery skills go beyond the basic clinical skills of diagnosis and treatment and include such competencies as prevention, mental health education, consultation, and rehabilitation. Also included are such concepts as the use of teams, community process skills, assuring patient compliance and maintaining support systems for clients who have been released from acute treatment but still require extensive assistance in order to function in the community.

Knowledge and skills for administration of programs, funds, and personnel to deliver mental health services

Most mental health professionals (and even paraprofessionals) soon find themselves involved in administrative or supervisory responsibilities for units of programs or for entire programs, often in addition to their clinical and service delivery duties. Very few preprofessional training programs prepare their graduates for any kind of administrative skills. This area is left either to continuing education or to the "school of hard knocks" that comes with experience.

Sanction -- to give authoritative permission, to give countenance or support, to ratify.

The following definitions are adapted from "A Proposal for Credentialing Health Manpower" prepared by the Public Health Service Manpower Coordinating Committee in June 1976.

Credentialing -- the formal recognition of professional technical competence. It is a generic term referring to any of the processes of accreditation, certification and licensure.

Accreditation -- the process by which an agency or organization evaluates and recognizes an institution or program of study as meeting certain predetermined criteria or standards.

Certification -- the process by which a nongovernmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association.

Licensure -- the process by which an agency or government grants permission to an individual to engage in a given occupation upon finding that the applicant has attained the minimal degree of competency necessary to insure that the public health, safety and welfare will be reasonably well protected.

GAINING SANCTION FOR CONTINUING EDUCATION

While there has been a great deal of interest in continuing education and considerable rhetoric about its importance, the organizations (mental health agencies, professional societies and higher education agencies) which must be in the forefront of the development of continuing education programs have been somewhat slow to give full sanction and support. Continuing education remains a minor priority compared to delivering mental health services, or training of new professional workers for the field. While this situation will undoubtedly persist, there are also steps which should be taken to provide more sanction and support for continuing education so that it plays a stable and significant role in improving the delivery of mental health services.

OFFICIAL RECOGNITION

There are several steps which might be taken by an organization to give official recognition. Among them are:

- a policy statement regarding continuing education;
- an organizational structure for continuing education;
- allocation of funds to continuing education;
- specific continuing education requirements.

Policy Statement

A policy statement may be developed in various ways depending on the organization:

In mental health agencies the staff development office may take the initiative in formulating an overall policy statement about the role of continuing education within the agency and the specific sub-policies and procedures that will apply to either conducting programs within the agency, contracting to have them done by other organizations, or providing time and financial assistance for staff persons who participate in offerings of other organizations. These drafts are then presented to other persons in the management team of the agency for modification and approval by all levels of administration and, finally, by the board of the agency. They are then entered into the agency's policy and procedure manual.

In professional societies there is likely to be concern from the national level with the suggestion that state and local counterpart societies name a continuing education task force or committee to make recommendations for the society. For most societies this task force or committee will recommend a policy statement to be presented to the board of directors or council of the society for their modification and approval and for eventual approval by the full membership of the society. This then becomes the official policy of the society.

In higher education the procedures are somewhat variable. In many universities, four-year colleges, and community colleges there is already a commitment to continuing education at the institutional level. At times there is a Vice President for Continuing Education, a Division of Continuing Education, or an Extension Service to put into operation such a commitment, but this usually does not extend to each department or school of the institution unless some specific policy is developed by each of them.

An individual faculty member or the department head may initiate action to develop a policy statement about the continuing education mission of the department or school. A faculty committee may be asked to develop and refine this policy statement for future approval as the formal departmental policy. This policy must be consistent with the overall policy of the institution, but it is usually more detailed and specific to the professional orientation of the individual school or department.

An Organizational Structure

A second mechanism for giving sanction and support for continuing education is to provide some kind of an organizational structure devoted to the program of the agency or institution.

In mental health agencies this may be a committee of persons within the staff development program who specialize in policy and programming for continuing education. In a large agency the committee may be made up of persons from several facets of the agency (professional departments, satellite programs, etc.). Such a committee should have officers, regular meetings, and minutes to report agreed-upon actions.

In professional societies there is usually action by the board or council to create a special committee to give leadership to the development of further continuing education policy and specific programs. This committee should have procedures for rotating membership, naming its chairperson, keeping minutes of its meetings, and having regular meetings.

In higher education institutions there is more likely to be some kind of overall institutional structure for continuing education. There may be a policy that all continuing education activity of the college or university must be coordinated through this structure, but there is still the need for some kind of committee mechanism within each school or department to initiate continuing education programs. This committee can set program priorities, assess needs, and establish liaison with mental health agencies and professional societies for whom the continuing education programs are conducted.

Allocation of Funds

A third mechanism by which an organization may give sanction and support to continuing education is by providing some allocations of funds to continuing education. For purposes of providing sanction, the amount of fund allocation may not be as important as the fact that some allocation is made.

In mental health agencies funds will need to be allocated to establish continuing education programs, to contract for such programs from other sources, or to support staff persons who attend the continuing education offerings of other groups. These may be funds specifically budgeted for continuing education or they may be funds assigned to an overall staff development budget which includes continuing education. Even part-time assignments of staff represent a commitment of funds and are a significant beginning. From this kind of a beginning there should be sufficient demonstrable benefit to justify the initial commitment and perhaps to justify further expansion.

In professional societies the allocation of funds may be modest at first -- perhaps only travel expenses for the continuing education committee. Later this may be increased by budgeting funds for specific offerings and, perhaps, a staff person or secretary to help with the planning, mailings, etc. for specific offerings.

In higher education institutions the allocation of funds often begins with the part-time or full-time assignment of a staff person to continuing education. This person can then develop proposals, write contracts or grants, and develop a full range of offerings. In some cases the school or departmental budget will include specific allocations for staff and other resources to plan and conduct continuing education programs.

Specific Continuing Education Requirements

Another way to provide sanction is for the organization, agency or university to develop specific continuing education requirements for its members or staff. This is being done increasingly at all levels.

In mental health agencies there is a growing movement for agencies to require that all employees must participate in a certain number of continuing education hours each year in order to be eligible for salary increases or promotions. Staff may acquire these continuing education hours through agency offerings, professional society programs, or academic offerings. Such a requirement by the agency is likely to be supplemented by a program of support for the fees and perhaps for the travel expenses of staff persons who enroll in continuing education programs outside of their own agency.

In professional societies there is a rapidly growing movement to require a certain number of continuing education hours as a condition for either continued membership in the society or for renewal of licenses or specialty certificates. These requirements are still controversial, but they are being adopted increasingly at both national and state levels and provide a powerful incentive for professionals to participate in continuing education offerings.

So far higher education has provided few special incentives or requirements of its own faculty either to teach or to participate in continuing education programs. Higher education might give, at promotion time, special recognition to faculty engaging in continuing education work just as many institutions now acknowledge publishing efforts. Faculty might also receive salary bonuses as a way of encouraging them to be active in continuing education programs.

CREDENTIALING OF CONTINUING EDUCATION IN MENTAL HEALTH

As continuing education in mental health grows in scope, and especially as it comes to be mandated or required as a condition for membership in a professional society, for staff privileges in a hospital, or for pay raises or promotions in agencies, it is important that there be some credentialing of continuing education itself. Credentialing must be considered at two levels--(1) accreditation of the continuing education programs themselves and (2) award of some kind of recognition to the learners for their participation in the continuing education offerings.

ACCREDITATION OF CONTINUING EDUCATION

So far there is only a good beginning in the accreditation of continuing education programs in mental health. Much more remains to be done in the development of a comprehensive accreditation system to assure the quality of offerings.

At this time there are at least two major systems for accreditation of continuing education in the overall field of mental health. One of these is the Physician's Recognition Award Program of Continuing Medical Education of the American Medical Association. This system applies only to the medical profession and continuing education programs intended primarily for physicians and closely related personnel. However, it applies to psychiatry as well as to

the other medical specialties. While the Physician's Recognition Award is voluntary, the same basic scheme is being adopted by medical licensure boards and medical societies which mandate continuing education. The program requires a physician to document participation in 150 hours of continuing education every three years. At least 60 of these hours must be obtained in Category I of Continuing Medical Education -- the category of formally accredited continuing education programs.

The accreditation system applies only to those programs that wish to award Category I Continuing Medical Education credits. Category I is the category of continuing education in which there is systematic assessment of needs, depth of coverage of the topic, defined objectives, qualified instruction and evaluation. (There are five other categories of credit for such activities as medical teaching, attending other scientific meetings, writing articles for publications, and taking self-assessment examinations.)

The organization (a medical school, a hospital education department, a specialty society, etc.) which is seeking accreditation completes a formal application describing the organization's structure, procedures for administering the program, financial arrangements, procedures for assessing needs, the curriculum plans with learning objectives, the evaluation procedures, and the adequacy of education facilities. This application is made to a continuing education committee of the state medical society, which then arranges a site visit to observe these procedures in operation.

A recommendation for accreditation may be withheld if the program is not up to the standards, or a recommendation may be forwarded to the Liaison Committee on Medical Education for approval for 1, 2, or 3 years. The final decision regarding granting the accreditation is made by the Liaison Committee. The Category I credit may then be awarded for only those continuing education offerings sponsored by the organization which meet the criteria for Category I credit. The overall program earns the accreditation--not individual offerings.

An accredited program notes on announcements of each offering that it will be eligible for the appropriate number of Category I credit hours. The program also keeps records of attendees, together with the number of credits they have earned and the dates. Many accredited programs also award certificates to individual participants so that they also have records of earned credit hours, but this is not required.

The other major system for certifying continuing education is the Continuing Education Unit. This system was developed by a national task force and was devised for recognizing and certifying continuing education sponsored by a variety of colleges, universities, agencies and professional organizations. The criteria for the continuing education programs which award the Continuing Education Unit (CEU) as set forth by the national task force are similar to those already listed for the continuing education program of the medical profession. However, there is presently no overall accreditation of the organizations which sponsor continuing education programs and award CEU's.

In the South, the Southern Association of Colleges and Schools, which is the regional accrediting organization for higher education, has adopted the CEU program for its institutions of higher education which offer continuing education. Each institution which plans to offer CEU's must undergo an accreditation survey visit by the Southern Association, which monitors continuing education programs as an elective item along with the other programs of the institution. Thus, in this region, there is an accreditation mechanism for the CEU. Some other regional accrediting organizations are moving in this direction.

In either case, these accreditation programs apply only to continuing education programs sponsored by institutions of higher education, not to those sponsored by agencies, societies or voluntary organizations. There are various efforts underway to establish accrediting mechanisms for other sponsors.

These are other systems of continuing education credit, such as the one used by the California system of higher education, but the two discussed are the major efforts that affect continuing education in mental health.

CERTIFICATION OF CONTINUING EDUCATION HOURS

The other part of the credentialing system has to do with the awarding of some kind of certificate of credit to individuals who participate in the continuing education programs. Here also, there are essentially the two systems that have already been described -- the Phsycian's Recognition Award for Continuing Medical Education and the Continuing Education Unit system.

The CEU is on the basis of one CEU for every 10 clock hours of continuing education activity. It also requires that the institution or agency which awards the CEU, or some central group, keep records of the attendees and the number of CEUs each has been awarded. In addition, it is customary for the program to provide each participant with some kind of certificate to document participation and the number of hours.

So far, there is no award or certificate available for an aggregation of CEUs. Generally, CEUs cannot be exchanged for regular academic credits, although there have been individual cases in which CEUs have weighed into the earning of regular academic credits.

ISSUES AND PROBLEMS

There are several issues and problems to be considered in this whole matter of sanctioning and credentialing continuing education in mental health.

COMPLEXITY OF THE SYSTEM

Several of the problems result from the very complexity of the mental health manpower system -- the growing number of mental health professionals at several levels and the expansion of mental health and human services agencies in which they work. The continuing education needs of all of these workers are broad and diverse. There is a need to assure the continuing quality and competence of all of these workers by various types of incentives and regulations for the agencies, colleges and associations which work in the field of manpower development and quality assurance.

However, such an assurance mechanism must be able to influence persons in several professions, in several different kinds of public and private agencies, in private practice, and in several levels of higher education and its various professional schools. At present, the credentialing system for continuing education alone is complicated by the fact that there are two major systems -- one for physicians and the other for all other occupations and professions -- and these are almost totally unrelated to each other. In addition, there are other systems for awarding credit hours for continuing

education. These other systems are generally much more localized (e.g., to a single state or occupational group) so that they have less impact on continuing education in mental health, but they nevertheless add complexity to the overall issue of credentialing continuing education.

In many places the major component groups are in less than full accord with each other. For example, academic leaders sometimes feel that agencies and professional societies are not competent to sponsor continuing education of high quality, while agency leaders may be suspicious that academia wants to sponsor only "ivory tower" programs that are of no practical value to the agencies. These value differences can be resolved, but they add a complexity to the development of systems of sanction and credentialing.

Any program to centralize the record-keeping for all continuing education credits is bound to have difficulties because of the complexity. It is conceivable, for example, that a single state university might have a computerized program to store the CEU records of all persons awarded CEU's by the public higher education institutions of that state, but would it be able to include the records of CEU's awarded by the private colleges, by the professional societies, by all of the state and local mental health agencies? It is complicated by the fact that professionals often go out of state to attend a continuing education offering in which they have a special interest.

CONTINUING EDUCATION VS. COMPETENCY

A serious issue to be settled relates to the whole question of whether continuing education is clearly enough related to competent performance to set

up elaborate systems for sanctioning and credentialing continuing education. There has long been debate about how all basic education relates to competence in practice. Despite conflicting evidence, this issue seems to have generally been decided in favor of education. Thus, graduation from a recognized course of study is often accepted as evidence of competence for employment, licensure, etc. In the case of true licensure and certification this may not be deemed sufficient, and often the individual must pass some kind of proficiency examination in addition to having graduated from a recognized course of study.

Some persons argue that much of the continuing education presently offered is so short-term and superficial that it has no impact on competence, and that our real efforts should be devoted to requiring a reassessment of competence rather than requiring continuing education. This would surely be an ideal situation, but it is complicated by the fact that many of our techniques for assessing competence are poorly developed, and the ones that are effective are often expensive and time-consuming. The logistics of reassessing the competence of all of the thousands of workers at regular time intervals would be a mammoth problem.

The issue is compounded by the fact that, even if we do develop effective and operational methods for reassessing competence, it is still most likely that the best way for practitioners to develop increased competence will be through quality continuing education programs. Thus, it appears that as a society we shall have to develop both methods for credentialing continuing education and methods for reassessing competence of individual practitioners, just as we have both systems for accrediting quality basic education programs and mechanisms for

assessing the competence of individual workers, Similarly we are likely to see some combination of requirements that persons periodically take reassessment examinations and show evidence of participation in quality continuing education.

This puts special obligations on continuing educators to design and evaluate their offerings in terms of ultimate changes in practice patterns, rather than just in terms of acquisition of knowledge or skills during the period of the continuing education offering itself. It also calls for more careful assessment of needs in terms of real practice problems, rather than in terms of participants' desires. As newer peer review and utilization review mechanisms become more commonly used, we may have techniques for both assessing the practice needs of the workers and in determining whether the continuing education programs have affected their competence in practice.

FUNDING

Another major concern in developing sanction for continuing education lies in the funding for such a massive effort. So far, there has been a tendency to place the burden for funding continuing education in mental health largely on the individual practitioner in the form of fees which he/she pays to attend. This has evolved from the somewhat limited concept that continuing education was only for highly paid professionals, most of whom were in private practice and could write off these costs on their income tax deductions. This is not practical for the great majority of mental health workers who are employed in agencies at relatively modest salaries.

Increasingly, the financing of continuing education in mental health is being borne by the agencies as they either sponsor their own staff programs or pay the fees and expenses for their staffs to attend the offerings sponsored by universities or other organizations. In the case of public agencies, this funding comes from the public treasury; but in the case of voluntary and private non-profit agencies, the costs of such continuing education is most likely being paid from client fees. The whole issue of paying basic professional education costs from patient fees (e.g., for diploma school nurse training or resident physician training) has been controversial. Now we are faced with the same problem in continuing education.

In the universities and professional societies a trend has developed to pay a small planning and overall administration staff from regular institutional or society funds, but to still require fees to cover the instructional costs for each individual offering. This is an improvement over the situation in which the entire continuing education endeavor depended on fees for its support, but it is still short of the need -- especially for those programs which are directed to less affluent practitioners.

UNDERSTANDING OF LEADERSHIP

Another problem is to develop further understanding on the part of the leadership of the whole mental health system on the need for continuing education and the issues related to it. Most of the leaders -- whether they are in top positions in agencies, in academia or in the professions -- have other interests and commitments that have a higher priority than continuing education, which is almost always a second, third, or even lower priority. Many of the

leaders have simply not had time to do much thinking about continuing education; many undoubtedly share the older notion that once a person is trained and credentialed, that credential is good for a lifetime.

In the face of this situation it is to the credit of the leadership that so much has already been done, that continuing education directors, divisions, committees, etc. have been established, and that some kind of requirements and recognition systems have been developed. It is incumbent on those who are in positions of responsibility for continuing education within academia, the professional societies and the mental health agencies to develop future plans and policies for continuing education and to bring these clearly to the attention of top leadership for their understanding and more formal sanction throughout the entire organization.

COMPREHENSIVE SYSTEMS OF CONTINUING EDUCATION

It is also important that those responsible for continuing education within the various component groups envision and design a total system of continuing education in mental health and not just a program to meet the interests of its own school, profession or agency. In fact, it would be most desirable to envision a system of continuing education that includes all of the human services -- not just mental health. The mental health field already extends to both the general health field and the social welfare field. The professions and occupational groups that serve mental health also serve these other fields, and the continuing education needs and programs are often much the same. In those states in which there is some kind of integrated human service organization for the delivery of services, it should be relatively easy to develop an

integrated continuing education system, but it should not be impossible in those states which have separate bureaucracies for mental health, general health, family and children services, vocational rehabilitation, corrections and youth services.

CONTINUING EDUCATION BY INDEPENDENT GROUPS AND ENTREPRENEURS

Another issue that has not really been considered in the system of continuing education in mental health is that of independent programs offered by voluntary associations, private nonprofit groups or purely profit-making entrepreneurs. Many of them have provided excellent programs on a contract basis for mental health agencies (e.g., the American Management Association's training programs in supervision and management). But the programs may also be weak, promoted by hard sell hucksterism and using glamorous settings and social activities to attract participants. These programs have generally not been considered in the overall system for credentialing continuing education, and they have received little formal sanction except from the agencies which have contracted to sponsor specific offerings or have paid the fees and expenses for their staff members to attend offerings. They, too, must be considered in the development of a system of continuing education in mental health.

PUBLIC UNDERSTANDING

In general, it appears that the public has given little thought or attention to the issue of continuing education for mental health. For the most part, they seem to assume that the original training and credentialing of workers is sufficient for a lifetime. However, the public is becoming increasingly aware

that technology in all fields is rapidly changing and that there is a need for people who do professional and technical work to keep up-to-date with new developments. In general, they approve when they learn that their doctor or their professional counselor has taken part in a continuing education offering. However, they have given little thought to what a comprehensive system of continuing education might be or how it might be funded.

The leadership for developing plans and policies will have to come from the mental health field, but it will be well to keep the public informed of what is underway -- since it is through their fees, insurance or taxes, that they will be paying for the costs of continuing education programs. The public can be informed through news articles and through display of credentials and articles about programs and offerings. Special efforts should be made to let public leaders -- governors, legislators, public administrators, etc. -- know what is developing in continuing education, for it is they who will have to provide the ultimate appropriations for whatever part of the continuing education system will be funded through public funds (e.g., the record-keeping systems, support for continuing education in state agencies or in state colleges and universities).

Public officials will be especially concerned about making the system as comprehensive and cost effective as possible. Already legislators are seriously questioning the need for licensing so many separate professional and technical groups and are demanding more systematic planning and coordination of the mechanisms to assure the quality of care.

STRATEGIES FOR CREDENTIALING

There is a growing trend on the part of association, state governments and academic institutions to mandate continuing education for mental health professionals. There are conflicts and varying opinions as to how to make such training activities legitimate. It is not expected that there will ever be complete uniformity in strategies and practices, but the fact that all components accept the importance of some system of standards and accreditation constitutes a base from which to formulate further plans.

Following are descriptions of several approaches to credentialing which have been adopted by selected societies, agencies and states.

A licensure bill for social workers passed in one state in 1975 states:

> At the time of renewal, the Board may require the licensee to produce evidence of keeping abreast of new developments in the applicant's area of specialization in the field of social work. This requirement shall be standardized for all licensees within each category and within each specialization.

To meet this requirement, the professional association in that state has recommended the establishment of a committee responsible to the state Licensure Board. This committee would approve all continuing education activities, designate credits to be awarded, and establish and maintain an adequate recording system. There would be 10 members including the director of continuing

education from the state's school of social work faculty members of accredited graduate and undergraduate programs in social work, and four members from four practice specialties.

Under this plan, continuing education proposals would be submitted in writing to the committee for approval 60 days in advance of the program date, and participants would be advised in advance of credit approval and number of credits awarded. Also, the identity of those who are authorized to award CEUs would be spelled out. These include accredited graduate and undergraduate schools of social work, other educational institutions, professional organizations, public or volunteer agencies, and corporations. Previously accredited schools are entitled to award CEUs without submitting proposals for approval of the state committee.

Other sponsoring groups would submit proposals to the committee according to the following guidelines.

Proposals should include:

Clear identification of education objectives;

Content tied to objectives and related to the field of of social work;

Instructors identified by educational background, place of employment, and specific qualifications related to the program;

Participants identified as to specific needs;

Teaching method identified as appropriate to audience;

Agency or group which sponsors or assures responsibility for administering program identified;

Number of contact hours;

Evaluation instrument.

The committee would assume responsibility for recording CEUs and developing a procedure to:

Award credits to individuals enrolled in approved continuing education offerings;

Establish a computer account;

Enable individuals to secure printouts for relicensure;

Establish a charge to cover the cost of the computer service.

Questions could be raised about such a plan as this, especially in regard to the implied dominance of the university. But, at least, it proposes a structure; it is specific; certain controls are built in; and a committee format allows for representation from agencies and specialties as well as academia.

Another illustration of a method of credentialing continuing education comes from the nursing profession. The American Nursing Association has established the National Accreditation Board for accrediting continuing education. The 14-member body is made up of experts from nursing education, nursing service, and individuals knowledgeable in credentialing as well as public members. There are also five regional accrediting committees with similar expertise and an 11-member national review committee which accredits nondegree granting continuing education programs for nurses.

The accrediting mechanisms are based on the Standards for Continuing Education as developed by the Council on Continuing Education and approved by the Commission on Nursing Education. They are published in the document "Standards for Nursing Education." The five regional accrediting committees, together with the National Accrediting Board, assure the standardization of the accreditation process by applying a uniform mechanism at the national and regional levels. Accreditation status is granted to state nurses' associations, national specialty nursing organizations, universities and colleges, federal nursing services, and state boards of nursing. If accreditation is granted to these bodies, they are authorized to approve the continuing education programs of applying sponsors or constituents at the regional, state or local level, including colleges or universities.

A monitoring mechanism has been established by the Commission on Education to evaluate the effectiveness of the total mechanism of accreditation of continuing education which now involves approximately 135 appointed individuals working in 13 different committees. The implementation of the process is further evaluated as part of the American Nursing Association's Credential Study.

The use of councils and committees appears to be emerging as a preferred structure for credentialing mechanisms. In Minnesota, the Allied Health Credentialing Act was passed in 1973. The intent of the law was to make credentialing work as a public protection mechanism, to improve personnel utilization, and to facilitate the development of a coordinated delivery system. A 26-member advisory committee composed of representatives from

existing licensing boards and non-regulated health occupations, state agency representatives and public nominees was created. This committee has responsibility for determining the policies by which existing licensing statutes and rules for updating them are reviewed and made current with present ethics and principles, and for reviewing, studying and recommending applications for licensure by new occupational or professional groups. The recommendations are passed on to the Department of Health which makes a final recommendation to the legislature on whether a new group should be licensed.

A further example is found in California. The professional associations in the state have taken a leading role in establishing procedures for credentialing of the various health and mental health professions. The Scientific Board of the California Medical Association was established in 1962 and has coordinated the scientific and educational activities of the association. This board functions through 11 standing committees and 20 advisory panels. Two of the standing committees are Continuing Medical Education and Accreditation of Continuing Medical Education. One of the innovations of this plan has been the recognition of community hospitals as the primary locus for continuing education for practicing physicians. They have established a voluntary certification program for practicing physicians whereby the physicians report annually on their own participation in a range of acceptable educational activities, including formal courses, research, teaching, publications and departmental meetings. Certification is awarded on the basis of having participated in a minimum of 200 hours of approved educational activity in a three-year period.

Most of the mental health professional associations and training institutions of California have participated in the development of standards and systems of accreditation for their continuing education programs. Most of these relate to fully trained professionals in need of updating knowledge and skill. Little has been done in the way of standardizing and accrediting other occupational levels engaged in mental health work. The programs of the various professions are still in the process of being refined to appropriate levels of operational flexibility and high quality.

These variations in the professions and states point up the need for a national effort to analyze the practices of the professions and occupations of the mental health field as a whole in regard to credentialing of continuing education. At present, there is excessive fragmentation and duplication of the systems. A uniform national system which is acceptable to all may be difficult to achieve, but the leadership afforded by national groups could significantly facilitate measures for improvement. The report made by the Subcommittee on Health Manpower Credentialing of the Public Health Manpower Coordinating Committee of HEW is an example of such an effort which could be applied to mental health continuing education. Some of the major concerns which should be included in such a national effort are:

> The recognition of continuing education sponsored by agencies, and societies as well as by academia;
>
> The recognition of continuing education programs designed for several mental health professions or occupations;
>
> The most effective ways for state (mental health agencies, licensing boards, higher education commissions) to require and/or recognize continuing education;

Ways to credential the competence developed from continuing education, rather than just the hours spent in continuing education.

For the present, persons from the various component professions, agencies and schools of the mental health system in individual states can come together, perhaps at the initiative of the state's mental health manpower development program, to develop improved communications with each other, to work out more uniform systems for planning and credentialing continuing education, and to pass appropriate recommendations to legislators, licensing boards, educational leaders, etc. regarding all aspects of continuing education.

RECOMMENDATIONS

The task force considering the current developments in sanctioning and credentialing in mental health continuing education identified twelve basic issues and proposed strategies to meet these issues. Recommendations are addressed to academia, professional societies, agencies and public or private organizations as follows.

ISSUE:

> Linking activities which are sanctioned by a variety of agencies, academic institutions and professions within a state to form a comprehensive, rational system for continuing education in mental health/human services.

RECOMMENDATIONS:

Statewide cooperation could be fostered via a coalition of agencies, academic institutions and professions which would address the issues of sanctioning, coordinating and credentialing of continuing education in a systematic fashion. Such a statewide organization could be a part of the state's mental health manpower development program. Other sponsors might be a higher education commission, continuing education division of a university, a conjoint board of professional licensure or state mental health agency.

A state coalition could be formed to foster interdisciplinary support for continuing education and to avoid unnecessary duplication. Representatives should come from all organizations within the state which offer

continuing mental health/human services education, and they could address together emerging issues relating to sanctioning and credentialing. Such a coalition should be given adequate, ongoing funding to insure its viability. This would make it possible to employ part-time or full-time staff. Other support could come through loan of staff. Funds could provide for support of representatives' travel for committee work.

Functions which could be carried on by a coalition include coordinating needs assessment, planning, promotion, instruction, evaluation, and credentialing of continuing education within the state. Regional organizations, such as the Southern Regional Education Board, might serve as external catalytic agents in promoting state coalitions by sponsoring meetings or workshops for continuing educators, serving as a conduit of information among states, and supporting well-designed demonstration projects. Such organizations could help by developing alternate model systems for planning, evaluating and credentialing.

ISSUE:

Sanctioning of continuing education and credentialing of manpower by an organized statewide continuing education system.

RECOMMENDATION:

If a state manpower development authority is established, then the sanctioning of continuing education and credentialing of manpower in mental health/human services should be integral parts of that statewide manpower development plan. Existing statewide sanctioning systems should be interfaced with any newly established sanctioning entity.

A statewide assessment of manpower development should be designed to address the need for continuing education in the field of mental health/human services. From this analysis, a statewide plan for several categories of continuing education should be developed and promoted, using the best talents and resources of all component groups. The entity could then promote participation in these offerings, and encourage agencies to sanction them and to reward, through salary increases or other means, staff persons who take part.

Based on such a needs assessment, categories of continuing education activities should be developed and published for appropriate workers in the field to encourage participation. The coordination of such offerings should be encouraged to eliminate duplication.

Sanctions for continuing education should be established by public policy for all human service delivery agents. A state mental health manpower agency could help develop recommendations for uniform credentialing and record-keeping. Clear identification of the competencies appropriate to various professional and paraprofessional groups would be required. Such a procedure could allow for pluralistic competency evaluations and could include possibilities for individual study, attendance at approved continuing education programs, and the possibility of recognition of educational life experiences as assessed by some examination procedure.

A state manpower development entity could form a coalition with identified providers of continuing education in mental health/human services within the state to insure coordination of effort.

ISSUE:

Interstate planning for continuing education activities in mental health/human services.

RECOMMENDATIONS:

A coordinated state and regional continuing education strategy should be developed and implemented for mental health/human services in the South. A structured organization could assist in gaining sanction for continuing education in mental health through regional planning and action. The Southern Coalition for Mental Health/Human Services Continuing Education may be that organization. Such a group could bring members together to exchange experiences and solve mutual problems. It could also plan for sharing of programs and resources across state lines.

Other strategies which could be employed include exploring the possibility of a technical support team for mental health/human services continuing education within the Southern states; and establishing a coalition as a conduit for assessing needs, securing funding, evaluating and credentialing continuing education in mental health/human services. This could be useful to the individual states by saving time and effort in developing systems from the ground up.

A coalition could have an annual meeting where sharing of ideas related to continuing education would be fostered among a wide variety of persons in the region. It could identify national trends or new developments in individual states in or out of the region and could communicate these along with their possible implications to all states.

A coalition might support and advocate the notion of a regional office for continuing education in mental health/human services.

Further activities which are possible for a regional group are: developing standards for continuing education in mental health for the region (guideline standards rather than mandated standards, since they would not have mandated authority); serving as a resource for identifying instructional resources or model curricula; disseminating this information to all the states; developing sanctions for interdisciplinary continuing education in mental health; identifying legislative trends, activities of state and professional boards; and identifying a state group within each of the member states which would foster intra-state continuing education in mental health/human services.

ISSUE:

The missions, goals and objectives for the Southern Coalition for Mental Health/Human Services Continuing Education.

RECOMMENDATIONS:

The mission should be to foster increased competence, to support sanctions, to develop standards, to advocate credentials, and to facilitate quality delivery systems in mental health and human services through continuing education. The goals should be to develop and implement a coordinated state and regional continuing education strategy to accomplish the stated missions.

Activities which could contribute to the fulfillment of this mission include defining competency standards for caregivers in mental health/human services and articulating objectives; supporting the development of certification

for currently undefined areas of expertise in the mental health/human services area which are convertible to college credit; compiling and distributing manuals of continuing education programming by states; implementing a record-keeping and accounting procedure for continuing education credits; providing technical assistance for continuing education program development.

ISSUE:

Securing sanction for support of interdisciplinary continuing education.

RECOMMENDATIONS:

Although much of continuing education has developed within individual professions, there is considerable content material which is generic to all of the professions and occupations. Efforts should be made to define both those areas which are unique to individual professions and those which are common, and to stress activities that will encourage interdisciplinary collaboration whenever feasible and desirable.

Modular materials which relate to generic subjects and therapies, such as administration, behavioral therapies, family therapy, team building, or working with terminally ill persons, should be developed for presentation and approval across all disciplines.

For generic skills, such as family therapy, behavioral therapy, or group therapy, specific competency levels which can be recognized by certificates should be established. Thus a person holding a level II certificate would have demonstrated a higher, but measurable level of proficiency in that skill than

a person with a level I certificate. Attempts should also be made to base fees for services and salaries on such levels of competence.

ISSUE:

Enhancing interdisciplinary functioning via continuing education.

RECOMMENDATIONS:

Interdisciplinary training should be used whenever a generic topic can be chosen, and the program developed to a variety of professions and occupations. Representation from these various groups should be incorporated into all stages of planning including needs assessment, setting of objectives, curriculum design, and evaluation.

Continuing education activities related to administration in mental health/human services delivery should be offered across all disciplines and should be more widely available.

Statewide, and perhaps regionwide, interdisciplinary discussion, including field workers and providers of continuing education, should be held around topics of common interest and to define competencies for such topics. Interdisciplinary gatherings should offer opportunities for people to interact as human beings in addition to being able to interact as representatives of their disciplines.

The varied concepts of "team" should be defined and continuing education offerings designed to allow for implementation by a generalist in the field of mental health/human services.

ISSUE:

Providing greater use of the continuing education unit (CEU) in the area of mental health/human services.

RECOMMENDATIONS:

The continuing education unit (CEU) should be more widely used for continuing education programs in mental health. It should be related more specifically to competency as well as number of contact hours, be standardized, and developed to specifically recognize continuing education activities in the mental health/human services areas. Many programs, especially those in academic institutions, presently award CEUs. Mechanisms should be developed for other organizations, such as mental health agencies and professional societies, to also award CEUs for their programs which meet the CEU guidelines.

A consistent method should be developed for awarding the CEU. There should be some mechanism for interchangeability of CEU's across disciplinary lines in the mental health/human services professions and occupations, and the CEU should be recognized by all agencies and professional societies to fulfill their requirements for continuing education for pay raises, promotions, renewal of memberships, and relicensure. It is thus desirable to develop a system for accrediting continuing education programs which award CEUs to include all kinds of continuing education sponsors (agencies, professional societies, academic institutions and voluntary and proprietary groups.)

Perhaps the Southern Coalition for Mental Health/Human Services Continuing Education could be the catalytic agent for the development of a mental health/human services CEU which would be jointly sanctioned by academic institutions

the professions and agencies, and which would lead to specific credentials for designated competencies.

ISSUE:

Evaluating the impact of continuing education services.

RECOMMENDATIONS:

Evaluation of continuing education should be undertaken for its impact on service delivery. Sanctions for continuing education will be more readily secured when programs can demonstrate such impact.

There should be review and analysis of studies which have been done to demonstrate the effect of continuing education programs on the delivery of mental health services and new evaluation models should be developed to demonstrate ultimate change in practice, rather than just participant satisfaction or learning achieved during the continuing education sessions. Such studies of impact should be reported back to the planners and instructors to help them restructure the programs to achieve the greatest possible impact on service delivery.

Programs that do evaluation of ultimate effect on practice should receive higher priorities for and higher levels of funding. Sanctioning bodies should insist that continuing education programs make efforts to evaluate results in practice. Any statewide system for continuing education should allocate money to support research endeavors designed to assess the effect of continuing education on client outcome.

ISSUE:

Meeting the individual needs of mental health/human service practitioners within a system of continuing education.

RECOMMENDATIONS:

The attitudes and feelings of human service delivery agents should be considered in any comprehensive system of continuing education. There is a risk that systems of sanctions and credentials will become mechanical and impersonal. Safeguards should be built into any system to keep it sensitive to the needs of individual mental health providers.

Participants should be involved in most stages of the development and evaluation of overall continuing education programs and of individual offerings. Recognition and support should be given to participants in continuing education who contribute their time, energy and, often, money to the activity. Programs should be designed to achieve participant satisfaction as well as improved service delivery. Demonstrable recognition through pay raises, promotions and certificates should be given for good performance and achievement both in service delivery and in continuing education.

ISSUE:

Innovative designs to maximize participation in continuing education programs.

RECOMMENDATIONS:

There is a danger that formal credentialing systems will become rigid. There is need to assure that innovative techniques and approaches can be introduced and accepted. Regional groups might prepare materials (e.g.,

bibliographies) and innovative instructional techniques for distribution. These might be featured in regional or statewide workshops. Sanctioning and sponsoring groups should keep sensitive to national resources, such as Medline, Medlars, Auline, and the National Institute of Mental Health (NIMH) Clearinghouse on Mental Health Information. Workshops should be held for program sponsors and instructors in continuing education regarding the theory and practice of various adult teaching/learning methodologies.

Plans could be made to provide demonstrations of innovative approaches to continuing education at the annual meeting of the Southern Coalition for Continuing Mental Health/Human Services Education.

ISSUE:

Sanctioning the use of new knowledge, and skills gained through continuing education.

RECOMMENDATIONS:

Administrative and supervisory personnel should be prepared to sanction the application of new knowledge and skills learned by staff in continuing education. Ordinarily this is not a problem, but sometimes administrators and supervisors have discouraged or even forbidden staff to use new techniques learned in continuing education programs. Administrators and supervisors should be involved in the assessment of need and in the planning of the schedule of course offerings.

Administrators and supervisors must administratively prepare their agencies for the introduction of new techniques. This may be done through

memoranda, staff meetings, or administrative orders. Thus, administrative personnel should be used in the evaluation of impact of the continuing education program on the delivery of services in the agency.

ISSUE:

The ethics of continuing education.

RECOMMENDATIONS:

The ethics of continuing education should be further explored and defined. A statement of ethics should be developed and guidelines established for those people involved in continuing education activities.

Existing codes of ethics which apply to mental health/human service professions, disciplines and service delivery agents should be reviewed and, where appropriate, modified to apply to continuing education. The first mandate of such guidelines should be that we do no harm in continuing education. It should be recognized that sanctioning implies punishment and denial, reprimands, censure and expulsion as well as implying rewards and benefits. Appropriate guidelines for the constructive use of such a double-edged sword should be developed.

There are codes of ethics which apply to the professions and which touch on the need to keep up-to-date in one's field and to serve as a teacher to others but these have not yet been fully explored for their implications for continuing education.

The ethics of sanctioning systems of penalties and rewards for continuing education are not entirely clear. For example, some persons question the propriety of requiring continuing education as a condition for relicensure, since this involves a person's right to practice. Is the evidence for continuing education strong enough to justify this sanction?

The first goal of such sanctions must be to protect the public and the enhancement of the public welfare. In the case of continuing education, there is also a cost to the public. Is it justified in the case of continuing education? Appropriate guidelines must be developed for these issues.

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